Name:_____ Unit#:_____ Date:_____

Temperature on day of departure: _____ (CDC defines fever as 100.4 F or greater)

BOY SCOUTS OF AMERICA®
HOOSIER TRAILS COUNCIL

Participant Health Screening Checklist

For use at Scouting events, camps and outings

All participants, visitors, vendors, etc. (youth and adult) must use this checklist to screen for potentially communicable diseases.

This checklist must be completed before departure on the day of the event. It will be reviewed upon arrival.

Have you received the COVID-19 vaccine?

❑ Yes ❑ No If yes, date received final shot:_____

Part I: Higher Risk for Serious Illness

Are you in a higher-risk category as defined by the CDC guidelines? If so, we recommend that you stay home unless you have approval from your health care provider.

The CDC describes those a higher-risk for severe illness from COVID-19 as those who are/have:

- ☐ 65+ years old
- ☐ Obesity (BMI of 30 or higher)
- ☐ Smoker
- ☐ Breathing issues (moderate to severe asthma, cystic fibrosis & lung disease)
- ☐ Circulation issues (high blood pressure, coronary artery disease, stroke cardiomyopathies, heart abnormalities)
- ☐ Diabetes, type 1 or 2
- ☐ Uncommon conditions (sickle cell diseases, severe blood disorder, or HIV infection)
- ☐ Immunosuppression (chemotherapy or transplantation)
- ☐ Chronic kidney or liver disease
- ☐ Children who are medically complex

Part II: Recent Interactions

❑ Yes ❑ No Do you have COVID-19 or are you currently awaiting the results of a COVID-19 test?

❑ Yes ❑ No Have you been in contact with anyone who has COVID-19 or is ill with a respiratory illness but has not been tested for COVID-19 in the last 14 days?

❑ Yes ❑ No Have you or anyone you have been in close contact with live, work or travel in an area with a large outbreak of COVID-19 disease (hot spot) in the last 14 days?

❑ Yes ❑ No Are you or anyone you have been in close contact with under current advisement by public health to quarantine or self-isolate?

If any question is answered yes, the individual may not attend the Scouting function.

Part III: Health Screening

Do you have any of the following symptoms which are related to a new/recent illness and cannot be attributed to another health condition?

❑ Yes ❑ No Fever or chills

❑ Yes ❑ No New loss of taste or smell

❑ Yes ❑ No Cough

❑ Yes ❑ No Headache

❑ Yes ❑ No Shortness of breath or difficulty breathing

❑ Yes ❑ No Nausea or vomiting

❑ Yes ❑ No Fatigue, muscle or body aches

❑ Yes ❑ No Diarrhea

❑ Yes ❑ No Sore throat, congestion or runny nose

If any are checked yes, the individual must stay home until cleared by a physician.